U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amend∈d. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 4945

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

in the same of the	1
	1 2 2005 Through: [D/3] / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name MICHAEL D HERNANDEZ	Name PLUMPERS - L-STEAMFITTERS LOCAL 31/3
	Labor Organization File Number 033-320
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 935 DETPOIT AUE	Street 935 DETROIT AUE
City CONSCORO	City CENCORD
State CA ZIP Coxle + 4 94578-25	State CA ZIP Code + 4 94518-350
5. Position in labor organization.  BUSINESS P50	PESENTATTUE
	ocuse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	NONE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Suppose the control of the control o	7.b. Amount.
Street	
City International approximation of the control of	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete).	nying documents), has been examined by the signatory and is, to the best of the
Signed Michael D. Henricas Dea	On 512-04 935-6916-5981
Form I M-30 (2003)	D 4 - 1 0

Name of Person Filling MICHAEL D. HEC. A.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasusstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name NO. CALIBOTIA SUPE TRADE  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street State A ZIP Code + 4 94500-84  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	a. Labor Organization  b. Trust  c. Employer	SCATTON AI
Street	de la Amanufacto della sobre d	17757 GO
	11.b. Approximate dollar value of such dealing.	1,605
City	12.a. Nature of Interest held or income received.	,
State ZIF Coce + 4	12.a. Nature of Interest held or income received.	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	
State ZIF Coce + 4  C. Received from any employer (other than an employer covered under	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount.  Prince parts A and B above) or other thing of value.  14.a. Nature of payment.	

## LM-30

"I have made a diligent search of employers, businesses and/or vendors with which the Union is involved. I have made as complete disclosure as I am advised by counsel that I am required to make, and I have made such required disclosures that, after a search of the records, I can now recall."

Mike Hernandez